

EFFECTS OF LONG-TERM AMBIENT HYDROGEN SULFIDE EXPOSURE ON ASTHMA AND LUNG FUNCTION

Michael N Bates, *School of Public Health, University of California, Berkeley, CA, USA*

Nick Garrett, *Faculty of Health, Auckland University of Technology, Auckland 1142, New Zealand*

Julian Crane, *School of Medicine and Health Sciences, University of Otago, Wellington, New Zealand.*

John Balmes, *School of Public Health, University of California, Berkeley, USA.*

John McKeogh, *School of Medicine and Health Sciences, University of Otago, Wellington, New Zealand.*

Background and Aims: The health effects of long-term, low-level H₂S exposures are unknown. This study took place in Rotorua, New Zealand, the world's largest city built on a geothermal field (population >55,000). Geothermal gas, including H₂S, emission sources are distributed throughout the city.

Methods: Participants were adult Rotorua residents, each of whom performed spirometry. H₂S exposure was estimated from networks of passive samplers distributed throughout the city in the summer and winter. The monitoring results were used to generate concentration surfaces across the city, from which H₂S concentrations at participants' current residential addresses were estimated.

Results: A total of 739 participants was used in this analysis, of whom 169 (23%) reported a doctor's diagnosis of asthma. H₂S exposure was divided into quartiles based on estimated residential concentrations averaged over winter and summer. The asthma diagnosis rate was lower in the highest exposure group (16.6%) than in the other three groups combined (24.8%) (p=0.07). Logistic regression analysis for asthma, adjusted for smoking, age, BMI and ethnicity showed the 3 highest H₂S exposure quartiles to have odds ratios of 1.21 (95% CI:0.75-1.95), 0.94 (0.58-1.53), and 0.70 (0.41-1.88), in order of increasing residential H₂S exposure. Participants with asthma had higher adjusted FEV₁ measures associated with higher residential H₂S exposures on a continuous scale (p=0.02), whereas there was no association with H₂S for those without an asthma diagnosis (p=0.79).

Conclusions: This study presents evidence of reduced asthma risk and higher FEV₁ in asthmatics living in higher H₂S exposure areas. This might be a direct effect on the airways of asthmatic subjects, as recent animal studies have shown inhaled H₂S can reduce inflammation (Faller et al 2010), or it could be a healthy survivor bias.

References:

Faller S, Ryter SW, Choi AMK, et al. Inhaled Hydrogen Sulfide Protects Against Ventilator-induced Lung Injury. *Anesthesiology* 2010;113:104-15.